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| Case Number: | CM14-0164268 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 07/08/2013 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 09/24/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old male with a 7/8/13 date of injury. The progress note dated 7/23/14 indicated that the patient had physical therapy in the past. The patient was seen on 9/4/14 with complaints of 6/10 sharp pain in the cervical spine radiating into the upper extremities with associated headaches and 1/10 sharp low back pain radiating into the lower extremities. Exam findings of the cervical spine revealed tenderness with spasm over paraspinals, positive axial loading compression test, positive Spurling's maneuver and limited range of motion due to pain. The examination of the lumbar spine revealed tenderness and spasm over the paraspinals, positive seated nerve root test and numbness and tingling in the lateral thigh and L5-S1 dermatome patterns. The range of motion of the lumbar spine was restricted due to pain. The diagnosis is cervical disc displacement, cervical radiculitis, cervicalgia and lumbago. Treatment to date: work restrictions, PT, medications and ice/heat therapy. An adverse determination was received on 9/24/14 for a lack of documentation indicating the patient's response to previous PT and no specific directions, goals or expectations from the proposed therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2x a week for 4 weeks to cervical spine, B/L shoulders and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Although the notes indicated the patient had PT in the past, there is a lack of documentation indicating number of accomplished sessions with subjective and objective functional improvements from prior sessions. In addition, there is no rationale with clearly specified goals with the additional PT sessions for the patient. Therefore, the request for Physical therapy 2x a week for 4 weeks to cervical spine, B/L shoulders and lumbar spine is not medically necessary.